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SUBJECT: Tour D'Horizon of Jordan's Health Sector: Cancer Driving Regional Cooperation and Institutional Reform

1. Summary: Jordan's biggest health priority is non-medical; it needs to develop a comprehensive national health strategy. Jordan strongly supports the NIH-supported Middle East Cancer Consortium. HIV/AIDS and cancer are not as problematic in Jordan as are chronic, non-infectious "lifestyle" diseases such as heart disease and diabetes brought on by diet, obesity, lack of exercise, hypertension and smoking. End summary.

Health Issues Shift as Society Develops

2. ESTHOff and ESTH Specialist reviewed Jordan's health situation with Ministry of Health (MOH) Assistant Secretary General for Hospitals Dr. Samir Al-Kayed, and with CEO of the King Hussein Cancer Center Dr. Samir Khleif. Dr. Khleif was seconded from the U.S. National Institutes of Health (NIH) and came to Jordan two years ago to run the Cancer Center. The picture that emerged from the meetings is of a society in demographic and epidemiologic transition from an agricultural society to an industrial, service-centered, essentially urban economy, with corresponding changes in health status. "Medical tourism" to Jordan from other Arab countries, including Yemen, the West Bank, Djibouti, Algeria, Libya, Sudan and Saudi Arabia, is an important component of Jordan's health care sector and actually provides the revenues to support Jordan's entire health care sector.

3. The biggest causes of mortality in Jordan are cardiovascular diseases, accidental deaths (including car accidents) and cancer. Dr. Khleif said that heart disease, Jordan's number one killer, could be easily reduced through awareness programs on obesity and smoking. He said 55 percent of Jordanian males above age 15 are smokers.

Cancer in Jordan - Low but Will Grow

4. Overall, cancer rates in Jordan are one-third those in the United States, although this is misleadingly low because of Jordan's young population, where sixty-one percent of the people are below the age of twenty-five. As population growth slows and the population ages, cancer rates will rise. Dr. Khleif said Jordan's biggest problem is the current emphasis on treatment rather than on early detection. Cancer treatment (but not detection) is free in Jordan, and represents a large fraction of Jordan's medical budget.

5. Dr. Al-Kayed said that he is the head of the Jordan Cancer Society, which has formed an innovative "Committee for Early Detection." The structure of this committee is innovative because it is chaired by a physician from the Senate, and includes representatives from government, academia and the private sector.

6. Dr. Khleif said the current emphasis on cancer treatment versus detection highlights the lack of a long-term focus in health care. Early detection programs and anti-smoking campaigns would save money by reducing treatment and disease incidence, he said. MOH is currently developing a ten-year strategic plan that should address some of these planning deficiencies and take a more comprehensive, long-term view of health and health-care costs, he said.

Minister of Health Visits U.S. Twice in A Year

7. An indicator of the level of interest in health care reform is the fact that Minister of Health Said Darwazah recently visited the United States for the second time in less than a year. Darwazah had visits in Washington with NIH and the Department of Health and Human Services, and went to Atlanta to visit the Centers for Disease Control. Dr. Khleif described Darwazah as open-minded and activist. One of MOH's goals, according to Khleif, is developing a Jordanian Food and Drug Administration that hews to standards set by the U.S. FDA. Mr. Darwazah comes to MOH from the private sector, where he was CEO of Jordan's largest pharmaceutical company, which exports 70 percent of its products. Minister Darwazah is an Industrial Engineer trained at Purdue.

Human Resources: Need Training, Balance

8. Dr. Khleif said one deficiency in Jordan's health care system is skewed human resources, with adequate numbers of well-trained doctors but with insufficient support staff such as nurses and technicians. MOH has more than 23,000 employees, among which are

7,000 nurses and 4,000 doctors, said Dr. Al-Kayed. Jordan has twenty-nine public hospitals and sixty private hospitals. There is demand for more, especially for specialized facilities, Al-Kayed said. Dr. Khleif stated, that in his opinion, MOH health facilities lagged behind private, royal and academic facilities due to a lack of staff and resources. The large military health system is separate from the MOH and covers 40 percent of the population.

Healthcare More than Treatment

9. Dr. Al-Kayed said that MOH is strongly interested in training in all fields, especially in administration and technical training, and Dr. Khleif echoed these remarks in a separate meeting. MOH's mission is not just medical services, Dr. Al-Kayed said. MOH wants to expose its staff to "other experiences" to give them a more rounded view of health care practices internationally. He noted that training opportunities in the US are decreasing because of visa difficulties, restrictive regulations, and rising expenses.

Government Seeks to Expand Insurance Coverage

10. Financial management and insurance are other key concerns of the Ministry of Health, Dr. Al-Kayed said. Under the current arrangement, over 300,000 people receive free care provided by the government. He said that more than two million people pay for insurance, including military and government employees. More than 70 percent of Jordanians have some form of health insurance, he said. Nonetheless, the government is looking for ways to expand public insurance, to include senior citizens, for example.

MECC Gathering Steam Despite Israeli Connection

11. Dr. Al-Kayed is Jordan's representative to the Middle East Cancer Consortium (MECC), which receives direct support from the U.S. National Cancer Institute, part of the National Institutes of Health. Jordan, the Palestinian Authority, Israel, Cyprus, Egypt and Turkey are full members of MECC, and other Middle Eastern countries, including Yemen, have participated in MECC functions. MECC is reaching out to encourage participation from Lebanon, Tunisia and Oman.

12. MECC will meet in Amman on March 26, when American Cancer Society CEO Dr. John Seffrin will participate. It has a Ministerial-level Steering Committee, and a Board of Governors with one representative per member country. Al-Kayed is Jordan's representative and is also the current head of the Board of Governors. MECC's Executive Director is Dr. Michael Silbermann, an Israeli based in Haifa.

MECC Programs: Cancer Registry, Training

13. MECC's flagship program is a National Cancer Registry in each country, which captures data on cancer cases as a step towards analyzing the demography and etiology of the disease. The equivalent database in the United States is SEER (Surveillance Epidemiology and End Results - <http://seer.cancer.gov/>), run by the National Cancer Institute.

14. At MECC's most recent meeting in January 2005 in Larnaca, Cyprus, members proposed a Middle East Regional School of Oncology, perhaps located at the American University of Beirut. While this is purely a notional idea without funding, the idea itself demonstrates the seriousness and initiative with which MECC members approach their work. The week of February 22, MECC had a course in Cyprus on the mechanics of operating a cancer registry. Jordan sent eight persons to that course, and Egypt sent twenty. MECC also has two training programs in the works, a course in Izmir, Turkey in May for radiological technicians, and a course in the Fall on palliative care for cancer patients.

No Pain, No Gain

15. Comment: Jordan is well behind the United States in many aspects of its healthcare system but clearly sees that sector as critical and is willing to undertake the pain of reform to bring it up to speed.

HENZEL